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ABSTRACT

The objective of the television series "Feeling Good" is to help adults improve both their physical and mental health and that of their children. More than 300 doctors and health experts participated with Children's Television Network (CTW) in selling the 11 priority topics for the series: alcohol abuse, cancer, child care, dental care, exercise, the health care delivery system, heart disease, hypertension, mental health, nutrition, and prenatal care. Several informational and behavioral goals are attached to each topic. To attract a mass audience, CTW's Community Education Service will work with local public TV stations. The series premiered November 20, 1974. (Author/WCM)

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"It's what you do,
hour by hour, day by day,
that largely determines
the state of your health,
whether you get sick,
what you get sick with,
and perhaps when you die."
That's the theme of

FEELING GOOD

TM of CTW

a major new
weekly TV series on health for adults
from the creators of Sesame Street.

Premieres November 20, 1974

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CRISIS IN COMMUNICATION:

The State of a Nation's Health

"It is in the interest of our entire country to educate and encourage each of our citizens to develop sensible health practices. Yet we have given remarkably little attention to the health education of our people.

"Most of our current efforts in this area are fragmented and haphazard—a public service advertisement one week, a newspaper article another, a short lecture now and then from the doctor.

"There is no national instrument, no central force to stimulate and coordinate a comprehensive health education program."

These were among the key observations in the President's message to Congress in 1971 which called for comprehensive health education efforts for the country.

While the pressure for funding large scale efforts in this area continues, a recent report by the Presidential committee on health education noted that of the $75 billion spent annually for medical, hospital and health care, about 92% was spent for treatment after illness occurs, with only about 4% allocated for research and the remainder devoted to prevention of illness and health education, with health education receiving the short end.

The same committee also noted that the vast majority of people—88% in one survey—look to their physicians or TV commercials for information about health. "Yet physicians are often too busy to do an effective job, and too many TV messages are primarily concerned with product promotion rather than with true consumer health education," the committee observed.

There is then, a need for an effective health education program, not only to impress upon people the importance of maintaining good health, but to establish wider communication in the field. This need has reached almost crisis proportions. And, because television has become perhaps the nation's most potent communication and education tool, a concerted effort to employ its formidable strength in a mass public experiment in health education seems overdue.

This booklet describes just such an attempt now being undertaken by the Children's Television Workshop (CTW).

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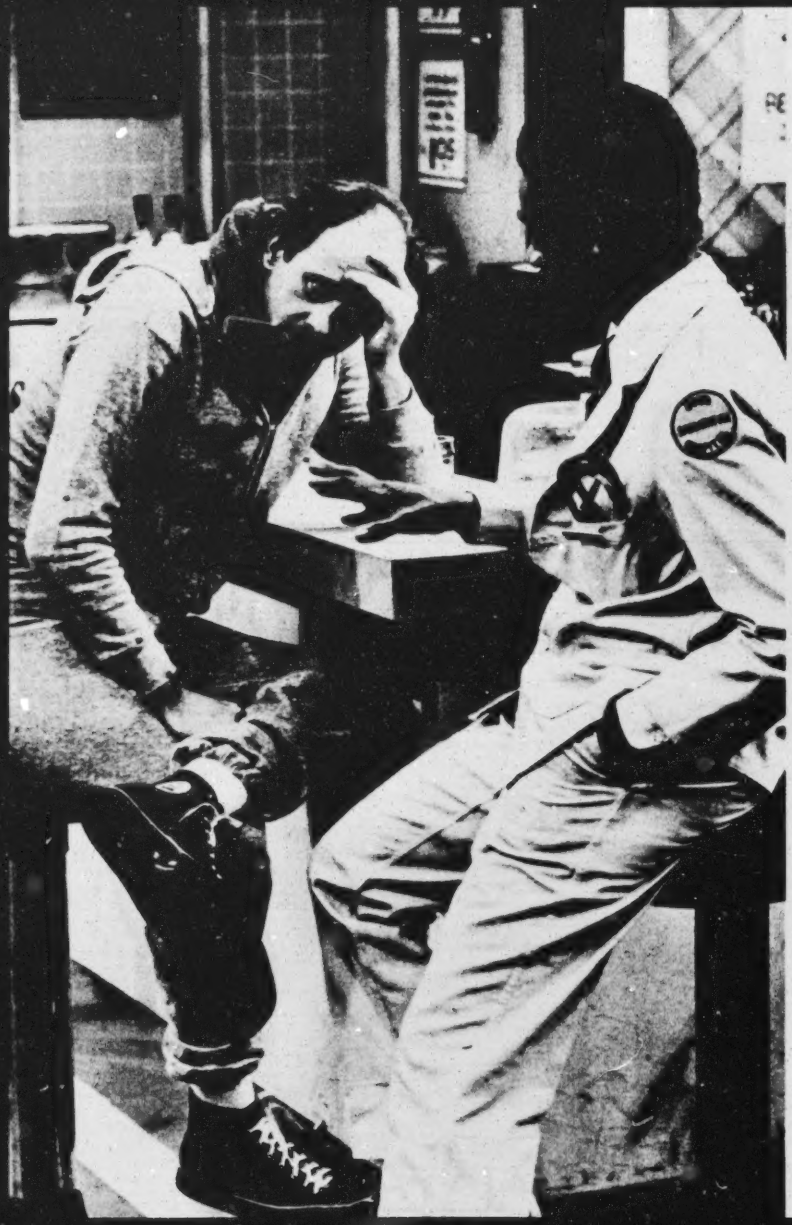

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Feeling Good *aims not only to tell viewers what the health problems are but to impress upon them the fact that the individual has great power over maintaining his own health. It sometimes uses dramatic situations to make the point. A group that congregates at Mac's Place, a typical lunch counter, will carry some of the informational messages about health. Here Jason, an intern, tells an over-exercised Hank that doing too much too soon in an effort to control his weight will serve only to make him "the best conditioned body in the morgue."*

FEELING GOOD:

A Major New TV Experiment in Health Education

During the 1974-75 season, the 250 stations of the Public Broadcasting Service will televise a major new weekly series for viewing in prime-time evening hours. It will be aimed at adults and designed to help improve their physical and mental health and that of their children.

The New York Times, in a front page headline announcing the series, called it a "*Sesame Street* for adults," an apt description since its creators –the Children's Television Workshop (CTW)– earlier pioneered in producing highly popular and educationally effective television for the young.

The new series of 26 hour-long programs titled *Feeling Good* is probably the most ambitious attempt ever made to use television on a regular basis to convey health information.

The program will be as unlike any previous TV health presentation as *Sesame Street* and *The Electric Company*–the Workshop's two prize-winning children's programs–are unlike any previous form of educational programming.

In common with the Workshop's other successful TV ventures, the new series will be the result of exhaustive pre-broadcast research. And it will be accompanied by extensive promotion and outreach efforts to reinforce each program's message and to bring the viewer in contact with local health institutions.

While designed for family audiences, the series will consider the informational needs of adults, with the primary target audience of the program being the young parents who play major roles in influencing the health habits of their immediate families. The health problems of the poor will be of particular concern to the series' producers, because good health and adequate health care are especially difficult to achieve in low income communities.

The series will employ a variety of proven television techniques to entertain while at the same time conveying helpful and needed information. This will hopefully motivate viewers to take action in their own best interests.

The overall objective of the series, then, is to encourage people to raise the level of their own health and that of their family. Health is closely related to lifestyle: the individual has

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much greater power than most people realize to maintain good health and to prevent illness.

As one doctor told the Workshop health staff recently, "It's what you do, hour by hour and day by day, that largely determines whether you get sick, what you get sick with, and perhaps when you die."

Selection of subject material for the series has taken over two years. More than 300 doctors and health experts participated with the Workshop in this process.

The series will use a resident company of eight whose characters are so defined that the audience will be able to identify with them. "These characters," says Al Morgan, senior producer for the series, "will provide an element of reality to the series. And, from time to time, the program will take a look into their lives—individually."

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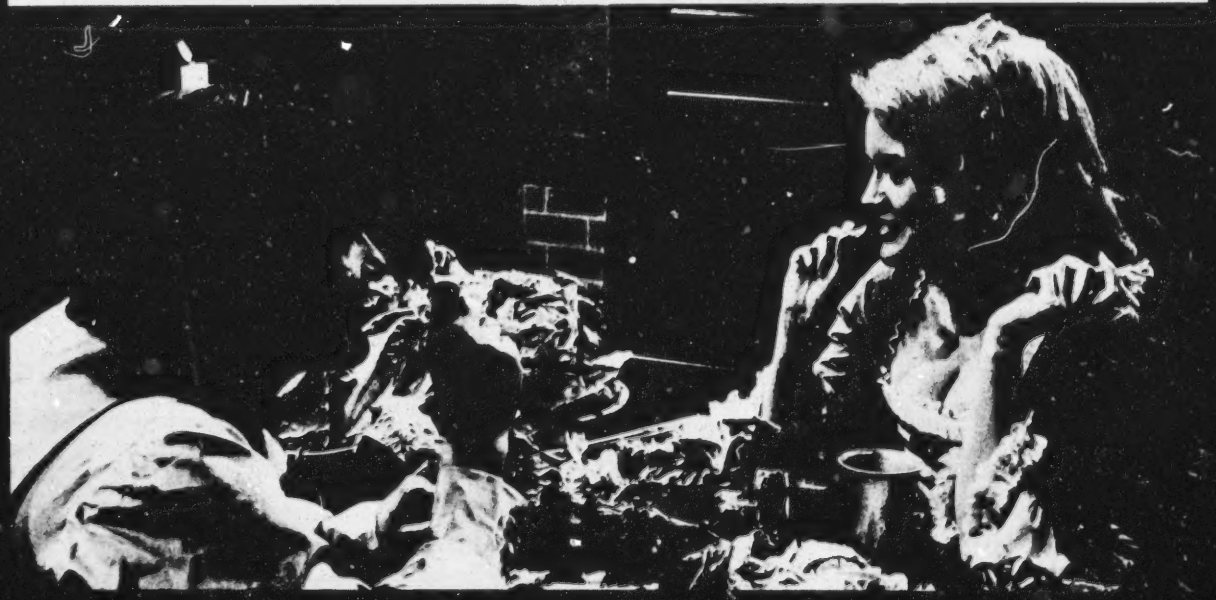
Variety of Communications Techniques,

illustrated here in scenes from the production, will be employed in the new CTW health series. A variety/magazine format will be used, affording the widest possible latitude to producers in presenting major health subjects in the most compelling and entertaining manner.

At times a single topic may be treated on one show in several different ways—via drama, music, dance, satire or even animation. The producers call this a "cluster effect" and the aim is to reinforce the overall impact of key health messages.

Celebrities *will make guest appearances. Howard Cosell calls the "shots" to stress the importance of immunization. Bill Cosby in the same segment reminisces about whooping cough.*



Music and Dance *are also used to get some show goals across. Here a "Walking Song," an original number by John Morris and Barbara Fried, makes the case for exercise in maintaining good health.*

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Self-help methods *will be encouraged on Feeling Good. The series will convey basic information (which researchers have found many viewers don't have) on subjects such as breast cancer. Here viewers of the test show see how to do a breast self-examination.*

Satire *is one technique that is used. Here are Jordan Christopher and Karen Machon in "Tim Greens," a satire on the banquet scene from the film Tom Jones. To show their importance in the daily diet, leafy green vegetables make up the entire meal.*

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About the Series' Creator

The Children's Television Workshop, creators of *Feeling Good,* public television's new series on health for adults, is a non-profit research and production center founded in 1968 to experiment in the educational uses of television and allied communications media.

From this experimental laboratory came a program which is acknowledged as a major phenomenon in television: *Sesame Street.* That series is seen in the U.S. by some nine million youngsters, and overseas in more than 40 countries and territories by millions more, either in its original English language version or in special foreign language editions created in Latin America (in Spanish and Portuguese) and Germany.

Though its audience includes many adults because of its entertaining nature, *Sesame Street* was and is aimed at preschool children, designed to give them some of the skills needed in school.

The success of the series, proven by extensive effectiveness studies, gave rise to a second program, *The Electric Company,* which teaches reading skills to grade school pupils. Seen by some six million children, about half of them in classrooms, it has had a marked effect in conveying some of the most hard-to-teach reading skills.

Both shows were developed and produced on a Workshop-designed "model" that involves identification of subject matter most adaptable to television and testing of show material before broadcast to ensure viewer appeal and educational effectiveness.

The same model is now being followed in the development of the Workshop's latest experiment, *Feeling Good.*

Song *is another technique to be used. Here soul star Bill Withers sings about hypertension, a problem that afflicts 20 million Americans. The brief lyrics of an original ballad tell how easy it is to get a blood pressure check which can identify an easily treated problem.*

PLANNING:

Diagnosing a Nation's Health Problems

For CTW the process of creating a new series begins more than two years before broadcast date with the kind of research and development more readily associated with the birth of scientific products than with a popular entertainment vehicle.

The process, painstaking and time consuming as it is, has proved highly effective for the Workshop in its earlier attempts at educating via television.

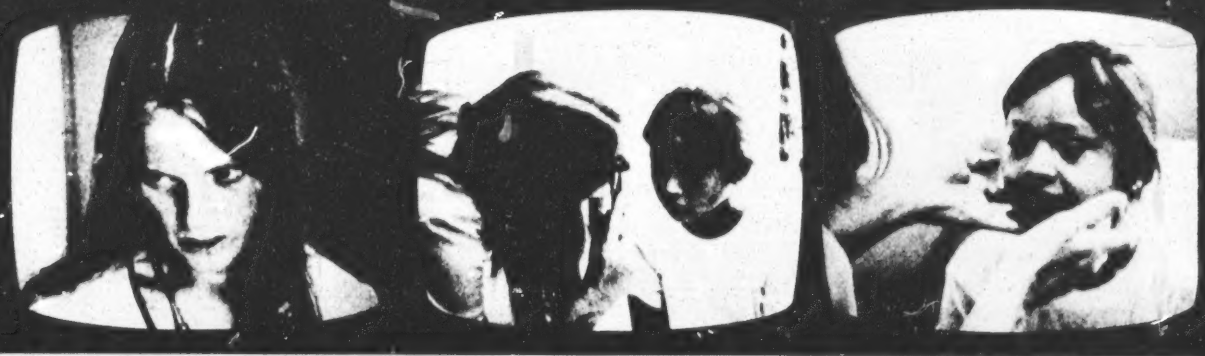
The decision to attempt a health series was made in early 1972 when a small staff of producers and researchers began interviewing doctors and health experts from all parts of the country. Their aim was to determine the most pressing health problems among various segments of the population—low and middle income families, urban and rural residents and minority groups—and to discover the extent to which TV might play a part in lessening some of the problems.

The Workshop staff interviewed some 170 medical and health professionals from 16 states representing widely varying economic and cultural groups. These experts were virtually unanimous in their belief that television has an immense untapped potential not only for providing vital health information, but also for helping people to make use of this information in their daily lives.

Although there seemed to be general agreement as to what the nation's major health problems are, the experts warned that developing an effective TV series about them would be extremely difficult. They pointed out that just as no two families have the same daily ritual, neither do any two cultural groups assign the same values to work, play, food, exercise, doctors or hospitals—and health itself is often defined differently from group to group. Status needs, cultural traditions, superstitions and ingrained behavior patterns all play a part in what people do.

For this reason, the health professionals urged CTW to explore the most crucial health problems, not only with an eye to conveying basic information, but also in terms of the varying attitudes, habits, beliefs or lack of knowledge that frequently lead people to ignore this information.

The Workshop's producers probed the issues further during 1973 in a series of seminars which focused on certain crucial health topics. Among the primary areas of discussion by these "task force" groups were prenatal, infant and child care; adolescent health problems; modification of personal habits (smoking, drinking, drugs, overeating); access to the health care delivery system; family planning; chronic diseases; death and dying; nutrition and mental health.



Documentary *coverage of new health vocations, such as this one on a Child Health Associate, will be included in the weekly series. This story*

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Each task force seminar included about 20 experts representing the medical, psychological and cultural aspects of the pertinent health subject area. The CTW producers asked about:

- the prevalence of the particular health problem in society and the impact it has on the functioning of an individual or his family;
- the degree of public interest in (or ignorance of) the problem;
- the extent to which an individual can do something about the problem;
- the extent to which a doctor can help;
- the potential for effective presentation of the problem and its treatment on TV;
- the susceptibility to measurement of the programs' impact on a viewer's knowledge, attitudes and, finally, actions.

From the recommendations of task force participants, the staff began to designate specific goals and objectives for the series.

The experts agreed that inadequate information is a primary cause of poor health in the U.S. They also said that an individual's failure to heed information available to him might be just as detrimental to his health. Yet, the power of the individual to ease or forestall certain health problems—as well as his power to create or exaggerate them—is frequently far greater than he knows.

The health experts participating in the Workshop's seminars pointed to self-help or "peer intervention" groups for smokers and overweight people as often being more successful than any medical intervention.

These examples underscored the point that health education depends not merely on the *transmission* of information, but also on *motivating* individuals to make use of the information in their daily lives. Health, many seem to feel, is something for doctors to worry about. Millions of people who have their car checked regularly never think of their own health until it is in

focuses on Sharry Erzinger who, with two years of college and three of specialized medical training, now works as a paraprofessional among migrant families in Colorado. A local doctor says she can handle 80% of the problems brought to his attention, including minor surgical procedures.

jeopardy. This is what advisors called a "crisis mentality," and it is a deeply ingrained pattern both among laymen and professionals.

"Too many people," says Dr. J. Robert Buchanan, chairman of the series' national advisory council, "regard good health as a birthright for which they have little or no continuing responsibility. Illness, on the other hand, is frequently denied, or if it is acknowledged, the patient commonly hastens to transfer total responsibility for dealing with it to someone else, usually a physician. Moreover, there is a common failure to recognize the major relationship between an individual's way of life and the kind of health he or she enjoys."

Americans have always been more concerned with threatening illness than with the long-term maintenance of good health. According to common folk belief, health is not in itself a positive value, but merely the absence of illness.

Many task force participants agreed, therefore, that to "think prevention" might be the single most important notion that the Workshop's producers could promote.

For that matter, personal economics alone could dictate the case for emphasizing prevention. Medical costs have risen five times as fast as other prices in the past decade. Even a family of means can be bankrupted today by a catastrophic injury or long-term illness. One health administrator concluded: "The only way this country can afford the rising cost of health care is through preventive medicine."

Many of the hundreds of recommendations made during the task force seminars have finally emerged as overall objectives or specific goals for the series. They are now being documented in a constantly expanding notebook for the writers and producers who will create the series.

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RESEARCH:

Prescribing for a Target Audience

Of the several innovations that have distinguished the Workshop from other television production centers, perhaps the most important is the role of research. No other communications venture has allocated so much time and effort to determining the nature of its audience, that audience's needs and interests and appropriate program content before composing its final educational message.

This pattern of research activity, pioneered by the Workshop for *Sesame Street* and *The Electric Company*, is being tailored to the production requirements of the series' producers and writers. It is performed by CTW's staff of specialists in social psychology and communications research.

This staff has tested both traditional and innovative examples of health education films in an attempt to identify successful techniques and influence strategies and to examine audience reactions to various types of material. Their findings, coupled with health information determined as significant by earlier interviews and task force seminars, provided guidelines for the producers and writers to use in creating a body of sample program segments, nearly two hours in length, which was produced in August 1973.

These segments, produced on film and videotape, were tested in four different locations on groups chosen as representative of the target audience for the series. This research phase placed major emphasis on determining the appeal and credibility of different segments and their potential effectiveness in producing change in beliefs, attitudes and behavior.

Researchers are particularly interested in learning:

- which types of TV presentation hold the most appeal and which are the least appealing?
- which TV forms (humor, music, drama, etc.) can best be used to present which health topics?
- can viewers identify with characters very different from themselves? Does identification increase learning?
- in what ways can music and song be used to convey factual health information?
- how can light and entertaining elements be used without losing credibility of the messages?
- what is the best balance between entertainment and serious treatment of content?
- do viewers change their behavior as the result of watching TV health messages?

Appeal is important because the series will have to attract and hold a large audience in competition with commercial network prime time programs designed purely as entertainment fare.

To assess appeal and effect, the sample reel

Target Audience Research *is the hallmark of TV programming by CTW, creators of a major new public broadcasting series for adults. Here a researcher, with the help of an electronic analyzer that allows viewers to register their personal opinion of program materials, checks appeal of a sample segment produced for the new health series on an audience of potential viewers.*

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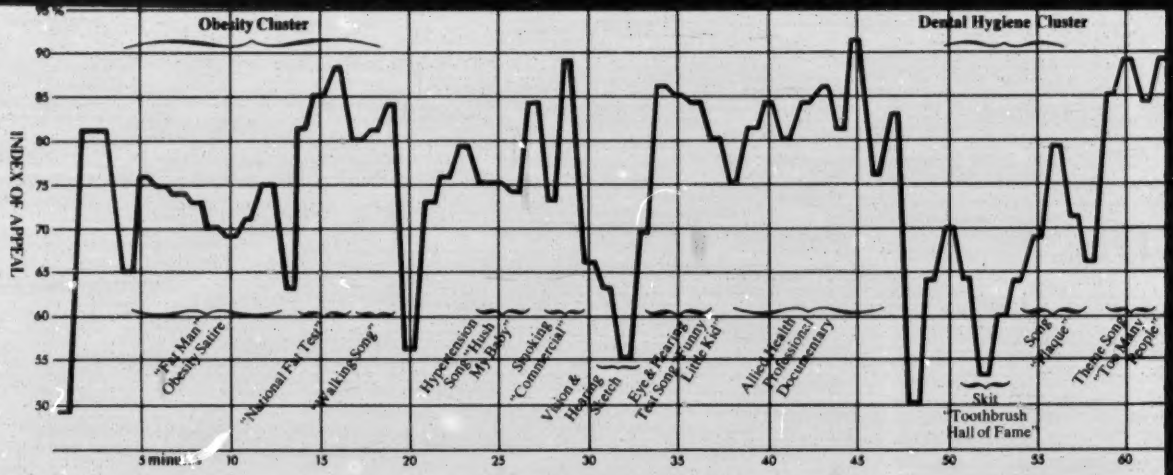

segments were varied in subject and treatment—sketches, song, "commercial" type spot announcements, drama, interviews, animated cartoons, documentary films and comedy and satire.

Test audiences expressed a preference for more serious content and treatment than producers had predicted on the basis of known viewing patterns. Encouragingly, most of the sample segments were found to be effective in conveying information; many in the test audiences increased their health knowledge markedly as a result of a single viewing. Additional studies are now being done to determine the optimum amount of information to incorporate in each program.

The research also revealed a need for more work in developing strategies for influencing individual health behavior. Ingrained habits and behavior have always proved least tractable and the producers are aware of how difficult it is to create lasting motivational changes.

The research results led the producers to make certain changes for the pilot production which was completed in June. This program is being tested during the summer for audience appeal and impact in several cities across the country.

Depending on the results, further changes may be necessary in methods or techniques of presentation as well as in content. Research will continue as new material is produced and throughout the 26 weeks of the series.

Later research studies will evaluate the series after it has been broadcast. A research advisory group will help plan several "summative" field tests and audience surveys which will be performed by independent evaluation agencies to gauge the impact of the broadcasts.

Diagnostic Charts *like these prepared by CTW's researchers plot results of appeal studies on test program elements. They tell producers and writers, what they once could know only viscerally—which elements and combinations of topics and treatments to use in developing an entertaining and educationally effective television show.*

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Testing and screening *will be encouraged on Feeling Good. Here a satirical sketch on a popular TV detective show makes a point about hypertension. The suspect, at left, seems healthy. He is advised to have his blood pressure checked anyway because often a victim of hypertension doesn't show any of the symptoms of the illness.*

OUTREACH:

Reinforcing the Message

Attracting a mass audience for the health series and providing followup information about the availability of local assistance on topics covered by each program is an integral part of the CTW health project.

The Workshop has been successful in drawing millions of new viewers to public television (*Sesame Street* and *The Electric Company* have more regular viewers than all other public TV programs combined). It has also pioneered in developing unique community follow through projects involving viewers, parents, educators and others interested in reinforcing the educational message of the TV shows.

Building on this base, the Workshop will help create an extensive national outreach project centered on local public television stations. This will involve cooperation with national health organizations and community level medical, health and education groups.

Among the information/outreach projects to be undertaken will be:

- local public television programs designed to follow up the national series by focusing on information and treatment available in the community.
- creation and distribution of community health services directories, published in conjunction with local public TV stations as both a continuing reminder of the show (and its several broadcast times) and a ready reference to available neighborhood health services.
- a series of informational posters for schools, churches and other institutions, summarizing in graphic form key information on major health subjects covered in the series.
- foreign language simulcasts of the program on local AM and FM stations.
- a newsletter for medical and health professionals, teachers and community leaders, designed initially to keep them abreast of development of the series, and later to brief them on series content in advance of broadcast dates.
- a general circulation publication, either in newsletter or magazine format, to provide advance information on broadcast topics and to reinforce program content as well as report on reaction to the series.

A national promotion campaign, utilizing newspapers, magazines, radio and TV, will be designed to increase awareness of the series and underscore its educational objectives.

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Controlling Weight *(a battle that Hank obviously is losing) by proper diet and exercise gets particular emphasis in the test production.*

A major commercial network TV special will probably also be produced shortly before the series' premiere to reach potential audiences who might not otherwise be familiar with public television programming.

Appearances at meetings and conventions of health, medical and scientific organizations will extend notice of the series and the producers' plans to professionals in health, education, communications and related fields.

Film and cassette excerpts from the series may also be made available to schools and organizations—depending on availability of funding as the first season progresses.

The Workshop's Community Education Services division (CES) operates seven regional offices across the country staffed by specialists in outreach work with the urban and rural poor. Their role will be to work with local public TV stations in drawing attention to the programs and to encourage community members to use the information and assistance they provide.

Seminars, briefings, and distribution of promotional and health information literature are among CES activities planned for the health series.

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National Advisory Council:

Throughout the series, the research staff and the producers will be assisted by a National Advisory Council that will review program material as it is developed.

J. Robert Buchanan, MD, *(chairman) Dean of Cornell University Medical College, New York City.*

Ruth Atkins, *Senior Comprehensive Health Coordinator, Comprehensive Planning Agency, New York City*

Judith Bellaire, RN, *Assistant Professor, School of Nurse Practitioner Program, University of Colorado Medical Center, Denver*

James P. Comer, MD, *Associate Professor of Psychiatry, Yale Child Study Center, New Haven*

Diana Dera, RN, *Director, Nursing Education, Mt. Hood Community College, Gresham, Oregon*

Kurt W. Deuschle, MD, *Lavenburg Professor and Chairman, Department of Community Medicine, Mt. Sinai School of Medicine, New York City*

Helen Dickens, MD, *Associate Professor of Obstetrics and Gynecology, University of Penna. Medical School, Philadelphia*

Jose Duarte, *Executive Director, East Los Angeles Health Task Force, Los Angeles*

Lloyd C. Elam, MD, *President, Meharry Medical College, Nashville*

Sherwert H. Frazier, MD, *Professor of Psychiatry, Harvard University, Psychiatrist-in-chief, McLean Hospital, Belmont, Mass.*

Milton Greer, MD, *Professor of Psychiatry, Downstate Medical Center, and Director, Division of Alcoholism, Hospital for Addictive Diseases, Kings County Hospital, Brooklyn, New York*

Joan Gussow, *Instructor, Program in Nutrition, Teacher's College, Columbia University, N.Y.C.*

Florentina Harris, MD, *President, Behavior Research & Development Center, Los Angeles*

John Holloman, MD, *President, New York Health & Hospitals Corporation, New York City*

Norma Isreans, PhD, *Associate Professor, Department of Human Ecology, University of Kansas Medical Center, Kansas City*

David Kessner, MD, *Director, Health Services Research Office, Georgetown University, Washington, D.C.*

Herman Lazarus, *Executive Administrator, Office of Bilingual Education, Board of Education, New York City*

Sol Levine, PhD, *Executive Officer, University Professors Program, Boston University, Boston*

Carlos Manuelidis, MD, *Associate Dean for Health Career Development; Associate Professor, Department of Community Medicine, Mt. Sinai School of Medicine, New York City*

Keith Mielke, PhD, *Chairman, Department of Mass Communications, Indiana University, Bloomington*

Elena Padilla, PhD, *Professor and Director, Health Program, Graduate School of Public Administration, New York University, New York City*

Thomas Plummer, MD, *Acting Chairman, Department of Health Care Sciences, George Washington University Medical Center, Washington, D.C.*

Mario Ramirez, MD, *Vice President, Texas Academy of Family Physicians, Rome*

Helen Rodriguez-Trias, M.D., *Director Department of Pediatrics, Lincoln Hospital, New York City.*

Richard Sadler, MD, *Professor, Department of Community Health, Schools of Medicine and Public Health, University of Hawaii, Honolulu*

Francisco Solis, MSW, *Associate Professor of Community Medicine, School of Medicine, University of California at San Diego*

Guy Steuart, PhD, *Professor and Head, Department of Health Education, School of Public Health, University of North Carolina, Chapel Hill*

Nilda Tirado, MD, *Director, East Harlem Nutrition Project, Cooperative Extension, New York City*

Lenora Toliver, MD, *Director, Comprehensive Health Education, Montefiore Hospital, New York City*

Research Advisory Committee:

The Research Advisory Committee will help plan several "summative" field tests and audience surveys. The members are:

Keith W. Mielke, PhD, *(chairman), Professor of Radio/TV Communications, Indiana University.*

Lionel Barrow, PhD, *Professor Mass Communications and Afro-American Studies, University of Wisconsin–Milwaukee.*

Jacquelin Jackson, PhD, *Associate Professor of Medicine Sociology, Department of Psychiatry, Duke University Medical Center, Member of Center for Study of Aging and Human Development.*

Howard Leventhal, PhD, *Professor of Psychology, University of Wisconsin–Milwaukee.*

Sol Levine, PhD, *University Professor, Boston University, Boston.*

Harold Mendelsohn, PhD, *Professor and Chairman, Department of Mass Communications, School of Communication Art, Denver University.*

Magdalena Miranda, MSW, *Assistant Professor of Social Work, Case Western Reserve University.*

Peter Rossi, PhD, *Professor of Sociology, University of Mass.*

Jaime Salazar, MPH, *Assistant Research Behavioral Scientist, Survey Research Center, U.C.L.A.*

Stephen B. Withey, PhD, *Prof. and Director Communications and Influence Program, Survey Research Center, Institute of Social Research, University of Michigan.*

Consultants and Task Force Members

During the feasibility and development stages of the series, CTW staff members worked with more than 300 experts in the health, medical, educational and communications fields, some of whom are listed below:

Francis Acosta, *Acting Deputy Associate Director, Office of Communications and Public Affairs, Health Services Administration, HEW, Rockville, Md.*

Major Clara Adams, RN, MS, *Education Coordinator, Walter Reed Army Institute of Nursing, Walter Reed Army Medical Center, Washington, D.C.*

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Fran Allison, *Out-Reach Worker and Counselor, Afro-East Service Center, New York City*

Ronald Andersen, PhD, *Associate Professor, Center for Health Administrative Studies, University of Chicago*

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Jacqueline Babbin, *Producer, New York City*

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Helen Barnes, MD, *Medical Director, Family Planning for Better Living, University of Mississippi Medical Center, Jackson*

Beri Bass, MD, *Assistant Professor of Physiology, Albert Einstein College of Medicine of Yeshiva University, New York City*

Gary Belkin, *Writer, New York City*

Sandra Bertman, *Education Director, Equinox Institute, Boston*

Thomas Bice, PhD, *Research Associate, Center for Metropolitan Planning and Research, Johns Hopkins University, Baltimore*

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Edgar Borgatta, PhD, *Distinguished Professor of Sociology, Queens College of the City University of New York, New York City*

Norman Borisoff, *Writer, New York City*

David Boswell, *Faculty of Social Sciences, The Open University, BBC, London*

Robert T. Bower, PhD, *Director, Bureau of Social Science Research, Washington, D.C.*

Lester Breslow, MD, MPH, *Dean, School of Public Health, The Center for Health Sciences, UCLA, Los Angeles*

Robert H. Brook, MD, *Medical Officer, National Center for Health Services, HEW, Rockville, Md.*

Roy Brown, MD, *Associate Professor, Department of Community Medicine, Nutrition Division, Mt. Sinai School of Medicine, New York City*

William Brown, *Writer, New York City*

Hilde Bruch, MD, *Professor of Psychiatry, Baylor College of Medicine, Houston*

Ann Brunswick, MA, *Director, Adolescent Health Project, School of Public Health, Columbia University, New York City*

John Bryant, MD, *Dean, School of Public Health; Director, Center for Community Health Systems, Columbia University, New York City*

John Caban, *Health Advocate, The Martin Luther King, Jr., Neighborhood Health Center, Bronx, N.Y.*

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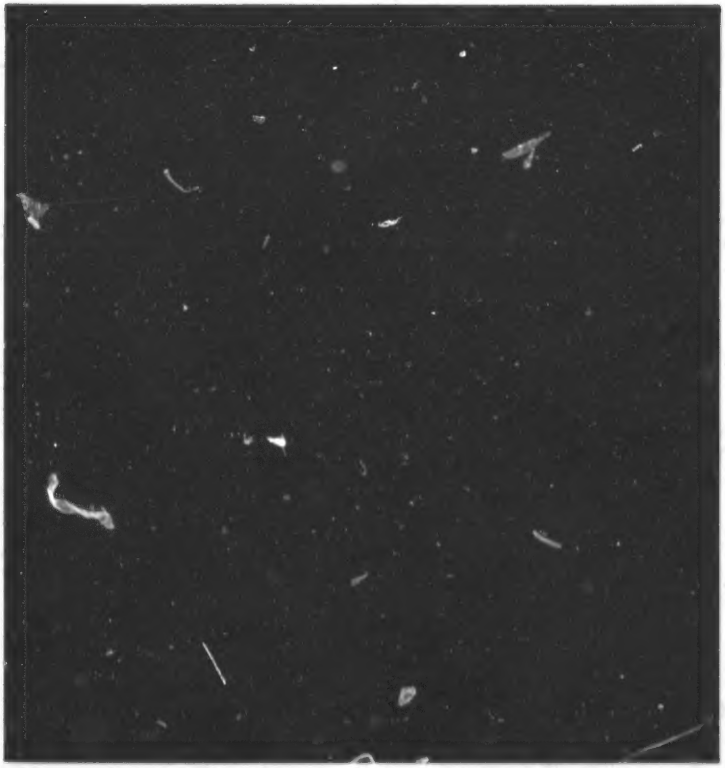

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East Lansing, WKAR (23)
Marquette, WNPB (13)
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University Center, WUCM (19)

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Austin, KAVT (15)
Duluth, WDSE (8)
Minneapolis/St. Paul, KTCA (2)
Minneapolis/St. Paul, KTCI (17)

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Booneville, WMAE (12)
Bude, WMAU (17)
Greenwood, WMAO (23)
Jackson, WMAA (29)
Meridian, WMAW (14)
Oxford, WMAV (18)
State College, WMAB (2)

Missouri
Kansas City, KCPT (19)
St. Louis, KETC (9)

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Bassett, KMNE (7)
Hastings, KHNE (29)
Lexington, KLNE (3)
Lincoln, KUON (12)
Merriman, KRNE (12)
Norfolk, KXNE (19)
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Hanover, WHED (15)
Keene, WEKW (52)
Littleton, WLED (49)

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New York City, WNYC (31)
New York City, WNYE (25)
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Asheville, WUNF (33)
Chapel Hill, WUNC (4)
Columbia, WUND (2)
Concord, WUNG (58)
Greenville, WUNK (25)
Linville, WUNE (17)
Wilmington, WUNJ (39)
Winston-Salem, WUNL (26)

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Grand Forks, KGFE (2)

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Alliance, WNEO (45)
Cambridge, WOUC (44)
Dayton, WOET (16)
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Athens, WOUB (20)
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Cincinnati, WCET (48)
Cleveland, WVIZ (25)
Columbus, WOSU (34)
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Oxford, WMUB (14)
Toledo, WGTE (30)

The resident company *assembles in "Mac's Place," a small variety store which provides the element of continuity in the test program. Top to bottom: Marjorie Barnes, Joe Morton, Priscilla Lopez, Ethel Shutta, Rex Everhart and Ben Slack.*

Oklahoma
Oklahoma City, KOKH (25)
Oklahoma City, KETA (13)
Tulsa, KOED (11)

Oregon
Corvallis, KOAC (7)
Portland, KOAP (10)

Pennsylvania
Allentown/Bethlehem, WLVT (39)
Erie, WQLN (54)
Hershey WITF (33)
Philadelphia, WUHY (35)
Pittsburgh, WQED (13)
Pittsburgh, WQEX (16)
Scranton/Wilkes-Barre, WVIA (44)
University Park, WPSX (3)

Puerto Rico
Mayaquez, WIPM (3)
San Juan, WIPR (6)

Rhode Island
Providence, WSBE (36)

South Carolina
Allendale, WEBA (14)
Charleston, WITV (7)
Columbia, WRLK (35)
Florence, WJPM (33)
Greenville, WNTV (29)

South Dakota
Brookings, KESD (8)
Vermillion, KUSD (2)
Aberdeen, KDSD (16)
Pierre, KTSD (10)
Rapid City, KBHE (9)
Eagle Butte, KPSD (13)

Tennessee
Chattanooga, WTCI (45)
Knoxville, WSJK (2)
Memphis, WKNO (10)
Lexington, WLJT (...)
Nashville, WDCN (2)

Texas
Austin/San Antonio, KLRN (9)
College Station, KAMU (15)
Corpus Christi, KEDT (16)
Dallas/Ft. Worth, KERA (13)
Houston, KUHT (8)
Killeen, KNCT (46)
Lubbock, KTXT (5)
Wichita Falls, KIDZ (24)

Utah
Ogden, KOET (9)
Ogden, KWCS (18)
Provo, KBYU (11)
Salt Lake City, KUED (7)

Vermont
Burlington, WETK (33)
Windsor, WVTA (41)
St. Johnsbury, WVTB (20)
Rutland, WVER (28)

Virginia
Goldvein, WNVT (53)
Harrisonburg, WVPT (51)
Norfolk, WHRO (15)
Richmond, WCVE (23)
Richmond, WCVW (57)
Roanoke, WBRA (15)
Norton, WSVN (47)

Virgin Islands
Charlotte Amalie, WTJX (12)

Washington
Lakewood Center, KPEC (56)
Pullman, KWSU (10)
Seattle, KCTS (9)
Spokane, KSPS (7)
Tacoma, KTPS (62)
Yakima, KYVE (47)

West Virginia
Beckley, WSWP (9)
Huntington, WMUL (33)
Morgantown, WWVU (24)

Wisconsin
Green Bay, WPNE (38)
La Crosse, WHLA (31)
Colfax, WHWC (28)
Madison, WLA (21)
Milwaukee, WMVS (10)
Milwaukee, WMVT (36)

Underwriting

The development of a major television series on a subject as complex as health is costly and time consuming. Television itself is an expensive medium, although with its large potential audience, the cost of programming on a per viewer basis can be miniscule. An example is *Sesame Street* which is produced at an annual cost of more than $4 million, but because of its vast audience costs less than one cent per viewer, per episode.

The three-year budget for production, related research and outreach activities, is $7 million. The bulk of funding for production of the health series first season has come from:

- Corporation for Public Broadcasting
- The Robert Wood Johnson Foundation
- Exxon Corporation
- Aetna Life & Casualty Company

In addition, these foundations helped underwriting the early feasibility and planning stages of the project:

- The Edna McConnell Clark Foundation
- The Commonwealth Fund
- The John and Mary R. Markle Foundation
- vanAmeringen Foundation
- Johnson Family Foundation
- The Grant Foundation

Additional support to finance community outreach projects and specialized research related to the series, is now being sought.

If you wish further information, write,

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